MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10711561

FILING DATE

APPLICANT(S)

CLAIMS

	AS F	ILED		TER NDMENT	AFTER 2nd AMENDMENT	
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TOTAL CLAIMS	7	815369	 	94, To 3		25.00

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* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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